

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 10059Registration District No. 29Primary Registration District No. 5046Registrar's No. 13

1. PLACE OF DEATH:

- (a) County Barry
 (b) City or town Rural Crane Creek
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether years, months or days)
 In this community

2. (a) PRINT
FULL NAME Anna C. Neill #5003. (b) If veteran,
name war3. (c) Social Security
No.4. Sex F5. Color or
race W.6. (a) Single, widowed, married,
divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive years7. Birth date of deceased Dec

(Month)

291858

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

81111

hr.

min.

9. Birthplace

mo
(City, town, or county)0
(State or foreign country)

10. Usual occupation

Retired

11. Industry or business

12. Name

Alfred Peters

13. Birthplace

Vic.
(City, town, or county)1
(State or foreign country)

14. Maiden name

Edna Wilson

15. Birthplace

Vic.
(City, town, or county)1
(State or foreign country)

16. (a) Informant's own signature

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

2/12/40

(c) Place: burial or cremation

Masonic

18. (a) Signature of funeral director

George H. Mansueti

(b) Address

Crane Creek

19. (a)

(Date received local registrar)

(b)

George H. Mansueti

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

mo

(b) County

Barry

(c) City or town

Rural

(If outside city or town limits, write "RURAL")

(d) Street No.

Crane Creek

(If rural, give location)

(e) If foreign born, how long in U. S. A.?

years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Feb

day

10

year

1940

hour

11:30

minute

P.M.

21. I hereby certify that I attended the deceased from

June 1938

that I last saw her alive on

Feb 9

to

Feb 9

19

40

and that death occurred on the date and hour stated above.

Immediate cause of death

Branchio-Thrombosis

Duration

3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Spontaneous of age

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

A. P. Peters

(M. D. or other)

Address

Crane CreekDate signed 2-14-40

RECEIVED

District Health Officer No. 6,

District File Number HHO-1006

Date Filed APR 6 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.